

Missouri Vaccines for Children Program

Private Provider Vaccine Transfer/Replacement Report

I. PROVIDER INFORMATION

FROM: <hr/> Provider Name <hr/> Address <hr/> City, State, Zip <hr/> <div style="display: flex; justify-content: space-between;"> <div> <hr/> Telephone Number </div> <div> <hr/> PIN Number </div> </div>	TO: <hr/> Provider Name <hr/> Address <hr/> City, State, Zip <hr/> <div style="display: flex; justify-content: space-between;"> <div> <hr/> Telephone Number </div> <div> <hr/> PIN Number </div> </div>
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II. THESE VACCINES ARE BEING: _____ **TRANSFERRED** to another clinic _____ **REPLACED** from private purchase

TIME OUT: _____ **TEMPERATURE OUT:** _____ **TEMPERATURE IN:** _____

VACCINE	# OF DOSES	LOT NUMBER	MANUFACTURER	EXP. DATE	DATE TRANSFERRED
DTaP					
DTaP/HB/IPV (<i>Pediarix</i>)					
DTaP/Hib/IPV (<i>Pentacel</i>)					
DTaP/IPV (<i>Kinrix</i>)					
DT (< 7 years)					
EIPV					
Hep A					
Hep B					
Hib					
HPV					
MCV4					
MMR					
PPV-23 (<i>Pneumovax</i>)					
PCV-7 (<i>Prevnar-7</i>)					
PCV-13 (<i>Prevnar-13</i>)					
Rotavirus					
Td (Booster)					
Tdap					
Varicella					
FluMist					
Influenza (Pediatric)					

III. TRANSFER AUTHORIZATION - Provider Contact(s) and/or Immunization Quality Manager

Signature of Person Transferring Vaccine: <hr/>	Signature of Person Receiving Vaccine: <hr/>
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INSTRUCTIONS on reverse side

INSTRUCTIONS

Definitions:

Transfer Vaccine: This occurs when one provider gives VFC vaccines to another provider. (There is no cost incurred by the “transferring” or “receiving” provider.)

Replacement Vaccine: This occurs when vaccine is purchased from a private source for the purpose of replacing VFC vaccine that was negligently wasted (as determined by VFC program staff).

Transferring VFC Vaccine from One Provider to Another

- Section I.** **(FROM: section)** Please list information for the provider who is transferring vaccine.
(TO: section) Please list information for the provider receiving vaccine.
- Section II.** **Check “transferred”** and complete the required information listed in each column for all vaccines being transferred.
- Document the time vaccine was packed for transfer
 - Document temperature of vaccine once packed in the transport container
 - Document the temperature of vaccine upon arrival at the receiving clinic
- Section III.** **Person transferring** vaccine signs where indicated **(left side)**.
Person receiving vaccine signs where indicated **(right side)**.

Replacement of VFC Vaccine from Privately Purchased Source

- Section I.** Complete your provider information in **first column only**.
- Section II.** **Check “replaced”** and complete the required information listed in each column for all vaccines being replaced.
- Section III.** **Provider contact person** signs in the “transferring” section **(left side)**.
No signature required for receiving replacement vaccine (right side).
- Private purchase invoice is faxed to your VFC County Liaison at 573-526-5220 with front side of replacement report completed as instructed
 - Immunization Quality Manager may validate transfer by signing **(right side of form)** if available

Contact the VFC Program (800-219-3224) if you have questions

REMEMBER

Record the information from this transfer/replacement report on your monthly accountability sheet.

If **“Replacing or Receiving”** vaccine list the number of doses received for each vaccine on **line 2, Vaccine Received** column of your monthly accountability form.

If **“Transferring”** vaccine to another clinic list the number of doses transferred for each vaccine on **line 3, Vaccine Transferred Out** column of your monthly accountability form.

Fax the Vaccine Transfer/Replacement Report with your VFC monthly accountability to **(573) 526-5220**.